

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Name Lewis Brian G  
 (Last) (First) (Initial)  
 Prisoner Number CDC# C-78358  
 Institutional Address P.O. Box 4670 CSP-LAC  
D-2-230 Lancaster, Calif. 93539

07 AUG 31 PM 4:32  
 RICHARD W. WIEKING  
 U.S. DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
 FOR THE NORTHERN DISTRICT OF CALIFORNIA

E-filing 1

✓ Brian G. Lewis  
 (Enter the full name of the  
 plaintiff in this action)

C Case No. 07-45197  
 (To be provided by the clerk  
 of court)

vs.

RMW

(PR)

Arnold Schwartzneggar  
AND JOHN DOE DEFENDANTS  
One THRU 15,

COMPLAINT UNDER THE CIVIL  
 RIGHTS ACT, 42 U.S.C. § 1983

(Enter the full name of the  
 defendant(s) in this action)

All questions on this complaint form must be answered in order  
 for your action to proceed.

I. Exhaustion of Administrative Remedies

**Note:** You must exhaust your administrative remedies before  
 your claim can go forward. The court will dismiss any  
 unexhausted claims.

A. Place of present confinement CSP-Los Angeles County

B. Is there a grievance procedure in this institution?  
 YES (X) NO ( )

C. Did you present the facts in your complaint for review  
 through the grievance procedure? YES (X) NO ( )

07-4519 RMW

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal THE Filing of 602 Appeals is  
Furvious DUE TO Repeated "Losses" in The "institutional mail"

2. First formal level N/A See no# 1

3. Second formal level N/A See No# 1

4. Third formal level N/A See No# 1

E. Is the last level to which you appealed the highest level of appeal available to you? YES (☒) NO (☐)

F. If you did not present your claim for review through the grievance procedure, explain why N/A

## II. Parties

Write your name and your present address. Do the same for additional plaintiffs, if any.

A. Brian G. Lewis CDC# C-78358

D-2-230 P.O. Box 4670

Lancaster, Calif. 93539

Write the full name of each defendant, his or her official position, and his or her place of employment.

B. Arnold Schwarzenegger Governor of the  
State of California AND JOHN DOE Defendants  
One Thru 15 in their official capacity AS Employees  
of the California Dept of Corrections.

Statement of Claim

State here as briefly as possible the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

See Attached pg 3A

IV. Relief

Your complaint cannot go forward unless you request specific relief. State briefly exactly what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

See ATTACHED Page 4A.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 27 day of August, 20, 07

Brian D Lewis  
(Plaintiff's signature)

**INFORMATION SHEET ON WAIVER  
OF COURT FEES AND COSTS  
(California Rules of Court, rule 985)**

if you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

**1. You are receiving financial assistance under one or more of the following programs:**

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
- CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamp Program
- County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

— OR —

**2. Your total gross monthly household income is equal to or less than the following amounts:**

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 935.42
2	1,262.50
3	1,589.58
4	1,916.67
5	2,243.75

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,570.83
7	2,897.92
8	3,225.00
Each additional	327.08

— OR —

**3. Your income is not enough to pay for the common necessities of life for yourself and the people you support and also pay court fees and costs.**

**To apply, fill out the Application for Waiver of Court Fees and Costs (Form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.**

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body

Page 1 of 1

ATTORNEY OF PARTY WITHOUT ATTORNEY (Add date, but number and address)

FILED OFFICE ONLY

FEDERAL NO.

FAX NO.

FEDERAL ADDRESS (OPTIONAL)

ATTORNEY FOR (Name)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME

PLAINTIFF, PETITIONER:

DEFENDANT, RESPONDENT:

CASE NUMBER:

## ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

1. The application was filed on (date): ☐ A previous order was issued on (date):
2. The application was filed by (name):
3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).
  - a. ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 985(i), **is waived.**
  - b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:
 

(1) <input type="checkbox"/> Filing papers.	(6) <input type="checkbox"/> Sheriff and marshal fees.
(2) <input type="checkbox"/> Certification and copying.	(7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).
(3) <input type="checkbox"/> Issuing process and certification.	(8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1(c)).
(4) <input type="checkbox"/> Transmittal of papers.	(9) <input type="checkbox"/> Other (specify code section):
(5) <input type="checkbox"/> Court-appointed interpreter.	

\* Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
  - c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
 

(1) <input type="checkbox"/> Pay (specify):	percent.	(2) <input type="checkbox"/> Pay: \$	per month or more until the balance is paid.
---	----------	--------------------------------------	--
  - d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:
 

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------
  - e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
  - f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rule 985):
  - a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).
  - b. ☐ Other (Complete line 4b on page 2).
  - c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
  - d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a **hearing** be held.
  - a. The substantial evidentiary conflict to be resolved by the hearing is (specify):
  - b. The applicant should appear in this court at the following hearing to help resolve the conflict:
 

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------
  - c. The address of the court is (specify):
 

<input type="checkbox"/> Same as above
--
  - d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

**NOTICE:** If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

**WARNING:** The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date:

☐

JUDICIAL OFFICER

☐ Clerk, by

Deputy

(Clerk may GRANT in full a nondiscretionary fee waiver: see Cal. Rules of Court, rule 985(d).)

Page 1 of 2

Pg 3, A

1 JOHN DOE #1; In his Capacity at  
2 Pleasant Valley SP DID Receive MEDICAL  
3 Slip call For Emergency TREATMENT OF  
4 A STAPH Infection That this plaintiff  
5 Suffered From & Numerous Requests Were  
6 Routed VIA Institutional Mail, IGNORED  
7 By SAID MEDICAL STAFF IN Their official  
8 CAPACITY Under the Color of Authority Did  
9 Willingly, AND Knowingly, With UN DUE  
10 DISREGARD Left this plaintiff For APPROX-  
11 -IMATELY one Calendar Month with  
12 a Verified STAPH Infection, So it Did cause  
13 Life Threatening Situation.  
14 Further More, This plaintiff became  
15 infected in Numerous parts of his Body  
16 Due to the intentional Negligence, Malice  
17 AND Fore thought, Refused to MEDICALLY  
18 TREAT This plaintiff, For The Duration OF  
19 Approximately One Calendar Month. JOHN  
20 DOE number 2 in His official Capacity at  
21 Pleasant Valley State prison AS CHIEF MEDICAL  
22 OFFICER, Also Did Willingly, Knowingly  
23 With total UN DUE DISREGARD, Did also  
24 ignore This plaintiff's pleas AND Request  
25 Were also left a STAPH Infection to progress  
26 For the Duration OF One Month.  
27 END.

28

29

30

31



## Prayer for Relief.

1 A. This plaintiff DEMANDS A Trial By Jury.  
2 B. This Plaintiff Request the Court to investigate  
3 These Damages that He Suffered By the hands  
4 of CSP Employees. @ Pleasant Valley Correctional Facility  
5 C. This plaintiff. is Seeking Monetary Damages  
6 OF \$45,000.00, Forty Five Thousand Dollars  
7 For The Entire Month he was left without any  
8 proper Care.  
9 This Plaintiff. is Seeking punitive Damages,  
10 For these State Employees Wrecklessly Employed  
11 intentionally with malice AND Forthought, Did  
12 Commit the Acts, or inaction Against A Federal  
13 Court order to treat Seriously ILL State  
14 prisoners in lieu of \$6,000,000.00 Six Million  
15 Dollars, Further More this plaintiff Ask The  
16 Court, to hold these individuals IN Contempt of  
17 Court orders, to charge the CDC Medical  
18 Department of \$10,000.00 Fifteen Thousand Dollars  
19 per Day For Each Day of The Spio totals IN the  
20 Amount of \$10,000.00 Pr Day totalling \$300,000.00.  
21 totalling \$6,345,000.00 Six Million Dollars  
22 Three hundred AND Forty Five thousand Dollars.  
23 Finally this plaintiff Request the Court to  
24 ISSUE A T.R.O. Temporary Restraining order Against  
25 ANY Further Abuses, in the Constitution Amendments  
26 one, Four, Eight AND fourteenth Amendments  
27 This plaintiff Asks the Court to Appoint Counsel.  
28 This plaintiff Asks the Court to Appoint AN investigator  
29 to this case.  
30 END...



NAME and NUMBER: Lewis, Brian C78358 D2-230L Pg 5 A  
CDC-128-B

DESCRIPTION:

I hereby acknowledge receipt of a certified six (6) month trust account printout.

Brian B Lewis

Inmate Signature

[Signature]

Counselor Signature

Original: Central File

cc: Inmate

Trust Office

Date: 08-21-07

CSP-LAC

GENERAL CHRONO

### ACKNOWLEDGEMENT OF MAILING

I (A) BRIAN G LEWIS, am a resident of California State Prison-Los Angeles County (LAC) at Lancaster, County of Los Angeles, California, and I am at least 18 years of age. My mailing address is California State Prison-Los Angeles County, Facility D, Bldg. 2, Bed 230 P. O. Box 4670, Lancaster, California 93539.

On (B) AUGUST 26<sup>TH</sup>, 2007, I mailed a true and correct copy of the following document (s); **(YOU DO NOT HAVE TO GO INTO DETAIL ABOUT THE DOCUMENTS)**

U.S.C. TITLE 42, section 1983

On each party listed below by placing it in an envelope, with adequate postage or provided, and by depositing said envelope in a box for the United States Mail at LAC, 44750 60<sup>th</sup> Street West Lancaster, California 93536.

This copy is being mailed to (D): NORTHERN DISTRICT FEDERAL COURT

I have mailed additional copies to (D):

There is regular delivery service by the United States Mail between the above place of mailing and the parties listed.

I declare, under penalty of perjury, that the foregoing is true and correct.

Dated (E): AUGUST 26<sup>TH</sup>, 2007, at Lancaster, California 93536.

Signed: Brian B Lewis, CDC#: C#78358

Revised January 19, 2005

LAC MAILROOM ACKNOWLEDGEMENT OF MAILING

DATED: \_\_\_\_\_

SIGNED: \_\_\_\_\_